

<i>SERFF Tracking Number:</i>	<i>AOIC-126037727</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Auto-Owners Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41572</i>
<i>Company Tracking Number:</i>	<i>AR-LTC-ANN-REPT-2/09</i>		
<i>TOI:</i>	<i>LTC06 Long Term Care - Other</i>	<i>Sub-TOI:</i>	<i>LTC06.000 Long Term Care - Other</i>
<i>Product Name:</i>	<i>LTC Annual Reporting</i>		
<i>Project Name/Number:</i>	<i>LTC Annual Reporting/AR-LTC-ANN-REPT-2/09</i>		

## Filing at a Glance

Company: Auto-Owners Life Insurance Company

Product Name: LTC Annual Reporting

SERFF Tr Num: AOIC-126037727 State: Arkansas

TOI: LTC06 Long Term Care - Other

SERFF Status: Closed-Filed-Closed

State Tr Num: 41572

Sub-TOI: LTC06.000 Long Term Care - Other

Co Tr Num: AR-LTC-ANN-REPT-2/09

State Status: Filed-Closed

Filing Type: Form

Author: Karin Dewley

Reviewer(s): Harris Shearer

Date Submitted: 02/17/2009

Disposition Date: 02/18/2009

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC Annual Reporting

Status of Filing in Domicile: Not Filed

Project Number: AR-LTC-ANN-REPT-2/09

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/18/2009

Explanation for Other Group Market Type:

State Status Changed: 02/18/2009

Deemer Date:

Created By: Karin Dewley

Submitted By: Karin Dewley

Corresponding Filing Tracking Number:

Filing Description:

Attached are our annual long term care reports

## Company and Contact

### Filing Contact Information

Karin Dewley, Senior Business Systems

dewley.karin@aoins.com

Analyst

P.O. Box 30325

517-886-1920 [Phone]

Lansing, MI 48909

SERFF Tracking Number: AOIC-126037727 State: Arkansas  
Filing Company: Auto-Owners Life Insurance Company State Tracking Number: 41572  
Company Tracking Number: AR-LTC-ANN-REPT-2/09  
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other  
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Project Name/Number: LTC Annual Reporting/AR-LTC-ANN-REPT-2/09

### Filing Company Information

Auto-Owners Life Insurance Company CoCode: 61190 State of Domicile: Michigan  
P.O. Box 30325 Group Code: 280 Company Type: LAH  
Lansing, MI 48917 Group Name: Auto-Owners Ins State ID Number:  
Group  
(800) 346-0346 ext. [Phone] FEIN Number: 38-1814333  
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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Life Insurance Company	\$0.00	02/17/2009	

<i>SERFF Tracking Number:</i>	<i>AOIC-126037727</i>	<i>State:</i>	<i>Arkansas</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed-Closed	Harris Shearer	02/18/2009	02/18/2009

<i>SERFF Tracking Number:</i>	<i>AOIC-126037727</i>	<i>State:</i>	<i>Arkansas</i>
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## Disposition

Disposition Date: 02/18/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-126037727</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>LTC Annual Reporting/AR-LTC-ANN-REPT-2/09</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Supporting Document</b>	LTC Claims Denied		Yes
<b>Supporting Document</b>	LTC Replacements/Lapses		Yes
<b>Supporting Document</b>	LTC Suitability		Yes
<b>Supporting Document</b>	LTC Rescissions		Yes

SERFF Tracking Number:	AOIC-126037727	State:	Arkansas
Filing Company:	Auto-Owners Life Insurance Company	State Tracking Number:	41572
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TOI:	LTC06 Long Term Care - Other	Sub-TOI:	LTC06.000 Long Term Care - Other
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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	Not form filing		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	Not form filing		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Health - Actuarial Justification		
<b>Bypass Reason:</b>	Not a rate filing		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Outline of Coverage		
<b>Bypass Reason:</b>	Not a product filing		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	LTC Claims Denied		
<b>Comments:</b>	Claims reporting form attached		
<b>Attachment:</b>	AR claim.pdf		

SERFF Tracking Number: AOIC-126037727 State: Arkansas  
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Project Name/Number: LTC Annual Reporting/AR-LTC-ANN-REPT-2/09

Item Status: Status  
Date:

**Satisfied - Item:** LTC Replacements/Lapses

**Comments:**

Replacement/Lapse reporting form attached

**Attachment:**

AR rep.pdf

Item Status: Status  
Date:

**Satisfied - Item:** LTC Suitability

**Comments:**

Suitability reporting form attached

**Attachment:**

AR suit.pdf

Item Status: Status  
Date:

**Satisfied - Item:** LTC Rescissions

**Comments:**

Rescission reporting form attached

**Attachment:**

AR resc.pdf

## APPENDIX E

# Claims Denial Reporting Form Long-Term Care Insurance

For the State of ArkansasFor the Reporting Year of 2008  
Due: June 30 annuallyCompany Name: Auto Owners Insurance CoCompany Address: 2401 ANACAPRI BLVD  
LANSING MI 48909

Company NAIC Number: \_\_\_\_\_

Contact Person: Kelly BrandellPhone Number: 517-703-2478Line of Business: ☒ Individual☐ Group**Instructions**

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

		State Data	Nationwide Data <sup>1</sup>
1	Total Number of Long-Term Care Claims Reported	0	4
2	Total Number of Long-Term Care Claims Denied/Not Paid	0	2
3	Number of Claims Not Paid due to Preexisting Condition Exclusion	0	0
4	Number of Claims Not Paid due to Waiting (Elimination) Period Not Met	0	1
5	Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4)	0	1
6	Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1)	0	50%
7	Number of Long-Term Care Claim Denied due to:	0	1
8	• Long-Term Care Services Not Covered under the Policy <sup>2</sup>	0	0
9	• Provider/Facility Not Qualified under the Policy <sup>3</sup>	0	0
10	• Benefit Eligibility Criteria Not Met <sup>4</sup>	0	1
11	• Other	0	0

1. The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.
2. Example—home health care claim filed under a nursing home only policy.
3. Example—a facility that does not meet the minimum level of care requirements or the licensing requirements as outlined in the policy.
4. Examples—a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.



# REPLACEMENT AND LAPSE REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of **ARKANSAS**

For the Reporting Year of **2008**

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY

DUE: June 30, 2009

COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909

COMPANY NAIC NUMBER: 0280-61190

CONTACT PERSON: ERRON PION

TELEPHONE NUMBER: (517) 703-8948

## Instructions

The purpose of this form is to report on a statewide basis information regarding long-term care insurance policy replacements and lapses. Specifically, every insurer shall maintain records for each agent on that agent's amount of long-term care insurance replacement sales as a percent of the agent's total annual sales and the amount of lapses of long-term care insurance policies sold by the agent as a percent of the agent's total annual sales. The tables below should be used to report the ten percent (10%) of the insurer's agents with the greatest percentages of replacements and lapses.

### Listing of the 10% of Agents with the Greatest Percentage of Replacements

Agent Name	Number of Policies sold By This Agent	Number of Policies Replaced by This Agent	Number of Replacements as % of Number Sold By This Agent
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Nothing to report

### Listing of the 10% of Agents with the Greatest Percentage of Lapses

Agent Name	Number of Policies sold By This Agent	Number of Policies Lapsed by This Agent	Number of Lapsed as % of Number Sold By This Agent
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Nothing to report

### COMPANY TOTALS

Percentage of Replacement Policies Sold to Total Annual Sales 0.00%  
Percentage of Replacement Policies Sold to Policies In Force (as of the end of the preceding calendar year) 0.00%

Percentage of Lapsed Policies to Total Annual Sales 0.29%  
Percentage of Lapsed Policies to Policies In Force (as of the end of the preceding calendar year) 0.06%

# SUITABILITY STANDARDS REPORTING FOR LONG-TERM CARE INSURANCE POLICIES

For the State of ARKANSAS For the Reporting Year of 2008

COMPANY NAME: AUTO-OWNERS LIFE INSURANCE COMPANY

DUE: June 30, 2009

COMPANY ADDRESS: PO BOX 30325, LANSING, MI 48909

COMPANY NAIC NUMBER: 0280-61190

CONTACT PERSON: ERRON PION

TELEPHONE NUMBER: (517) 703-8948

Number of applications received:	1
Number declined information on personal worksheet:	0
Number of applicants who did not meet Suitability Standards:	0
Number of applicants not meeting Suitability; but, wanted coverage:	0

**RESCISSION REPORTING FORM FOR LONG-TERM CARE POLICIES FOR THE STATE OF  
ARKANSAS FOR THE REPORTING YEAR 2008**

**Company Name:** AUTO-OWNERS LIFE INSURANCE COMPANY

**Address:** PO BOX 30325, LANSING, MI 48909

**Phone Number:** (517) 323-1491

**Due:** March 1 annually

**Instructions:**

The purpose of this form is to report all rescissions of long-term insurance policies or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

<b>POLICY FORM #</b>	<b>POLICY AND CERTIFICATE #</b>	<b>NAME OF INSURED</b>	<b>DATE OF POLICY ISSUANCE</b>	<b>DATE/S CLAIM/S SUBMITTED</b>	<b>DATE OF RESCISSION</b>
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**DETAILED REASON FOR RESCISSION:**  
**NO INFORMATION TO REPORT**

**SIGNATURE:**

*Cindy Nichols*

**NAME AND TITLE:** CINDY NICHOLS, DIRECTOR, LIFE UNDERWRITING